

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): BROWN

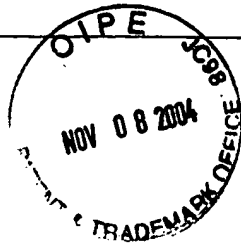
Serial No.: 10/716,864

Filed: 20 Nov 2003

Title: LASER DIODE BAR
INTEGRATOR/REIMAGER

Attorney Docket No.: MEMS-0206-US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Group Art Unit:
2873

Examiner:
SPECTOR, David N

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

___ under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)

x under 37 CFR 1.97(c) together with either a:
___ Statement under 37 CFR 1.97(e), or
x a \$180.00 fee under 37 CFR 1.17(p),
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)

___ under 37 CFR 1.97(d) together with a:
___ Statement under 37 CFR 1.97(e), and
___ a \$180.00 fee set forth in 37 CFR 1.17(p).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

I. LIST OF PATENTS, PUBLICATIONS OR OTHER INFORMATION

The patents, publications, or other information submitted for consideration by the Office are listed on the PTO-1449(s), attached hereto.

11/09/2004 SDENB081 00000063 10716864

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II. COPIES (check at least one box)

a. ☐ Submitted herewith is a legible copy of (i) each foreign patent; (ii) each publication or that portion which caused it to be listed; and (iii) all other information or that portion which caused it to be listed.

b. ☒ Some or all of the documents listed on the PTO-1449 are not enclosed because they are either U.S. Patents or Published Applications or were cited in the International Search Report and copies should already be in the PTO file. If copies are needed, please contact the undersigned.

III. CONCISE EXPLANATION OF THE RELEVANCE
(check at least one box)

a. ☒ DOCUMENTS IN THE ENGLISH LANGUAGE

The attached patents, publications, or other information in the English language do not require a statement of relevancy.

b. ☐ DOCUMENTS NOT IN THE ENGLISH LANGUAGE

A concise explanation of the relevance of all patents, publications, or other information listed that is not in the English language is as follows:

c. ☐ ENGLISH LANGUAGE SEARCH REPORT

An English language version of the search report or action that indicates the degree of relevance found by the foreign office is attached, thereby satisfying the requirement for a concise explanation. See MPEP 609(III)(A)(3).

d. ☐ OTHER

The following additional information is provided for the Examiner's consideration.

It is requested that the information disclosed herein be made of record in this application. Please charge any shortage in fees due in connection with the filing of this, concurrent and future replies, including extension of time fees, to Deposit Account 50-3136 and please credit any excess fees to such deposit account.

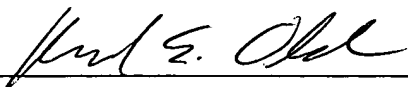
Respectfully submitted,

I hereby certify that this Correspondence is being deposited with the United States Postal service with sufficient postage for first class mail in an envelope address to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on the date indicated below.

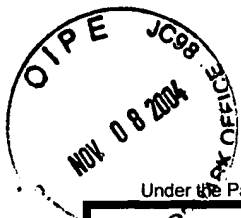
Date of Deposit:

Typed Name:

Signature _____


Mark E. Olds
Attorney/Agent for Applicant(s)
Reg. No. 46,507

Date: November 8, 2004
Telephone No.: 1.703.740.8322



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/716,864
				Filing Date	20 Nov 2003
				First Named Inventor	BROWN
				Art Unit	2873
				Examiner Name	SPECTOR, David N
Sheet	1	of	1	Attorney Docket Number	MEMS-0206-US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
		US-6,400,513	06-06-2002	SOUTHWELL	
		US-4,890,923	01-02-1990	BUSCHELBERGER	
		US-5,369,661	11-29-1994	YAMAGUCHI et al.	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)				

Examiner Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/716,864
		Filing Date	Nov 20, 2003
		First Named Inventor	BROWN, Daniel M.
		Art Unit	2873
		Examiner Name	SPECTOR, David N.
Total Number of Pages in This Submission	26	Attorney Docket Number	MEMS-0206-US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-1449
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Customer Number 40575 Mark E. Olds, Reg. No. 46,507
Signature	
Date	November 8, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.P. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Mark E. Olds		
Signature		Date	November 8, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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OTPE JC98
NOV 08 2004
PATENT & TRADEMARK OFFICE

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 235.00)

Complete if Known

Application Number 10/716,864
Filing Date 20 Nov 2003
First Named Inventor BROWN
Examiner Name SPECTOR, David N
Art Unit 2873
Attorney Docket No. MEMS-0206-US

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number 50-3136
Deposit Account Name Keady, Olds & Maier, PLLC

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20**=	X	
Multiple Dependent	-3**=	X	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	88	2201	44
1203	300	2203	150
1204	88	2204	44
1205	18	2205	9

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	2053	130
1812	2,520	2054	2,520
1804	920*	2055	920*
1805	1,840*	2056	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	2504	130
1807	50	2505	50
1806	180	2506	180
8021	40	2507	40
1809	790	2508	395
1810	790	2509	395
1801	790	2510	395
1802	900	2511	900

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$235.00)

SUBMITTED BY

Name (Print/Type) Mark E. Olds
Registration No. (Attorney/Agent) 46,507
Telephone 1.703.740.8322
Signature Date

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